



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Ashley Kinder

Email Address: ashley.kinder@rushmemorial.com

Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8496321
Outpatient Patient Service Revenue	\$66389742
Total Gross Patient Service Revenue	\$74886063

2. Deductions From Revenue

Contractual Allowance	\$43122249
Other Deductions	\$717604
Total Deductions	\$43839853

3. Total Operating Revenue

Net Patient Service Revenue	\$31046210
Other Operating Revenue	\$2720298
Total Operating Revenue	\$33766508

4. Operating Expenses

Salaries and Wages	\$13273373	Employee Benefits	\$2578343
Depreciation and Amortization	\$1785805	Interest Expense	\$216009
Bad Debt	\$3378002	Other Expenses	\$12167901
Total Operating Expenses	\$33399433		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$367074	Total Assets	\$23927402
Net Non-operating Gains over Loss	\$551826	Total Liabilities	\$11442895

Total Net Gains	\$918900
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34183624	\$23259482	\$10924142
Medicaid	\$14648508	\$9650446	\$4998062
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26053931	\$10929925	\$15124006
Total	\$74886063	\$43839853	\$31046210

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$18473	\$-18473
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$131,325		
Subtotal	\$131,325	\$0	\$131,325
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$131,325	\$0	\$131,325

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$9106	\$-9106
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

### Comments

All information has been provided to the best of our abilities based on the information available to us. Some information, such as number of hospital patients educated and the expense associated with it, is not available.

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